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APPLICATION NO. FILING DATE		FIRST NAMED INVEN		FOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/578,901 05/12/2006			Hidehiko Iinuma		IINUMA 2			3602	
TITLE OF INVENTION: DEVELOPER CONTAINI		E, AN ELECTROPHO	TOGRAPHIC DEVEL	OPMENT CARRIER	CONTAIN	ING THE FERRIT	E, ANI	D	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE T	OTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	s1 <del>440</del> 151	\$300	\$0		\$1 <del>740</del> /8,	10	12/09/2008	
EXAMIN	IER	ART UNIT	CLASS-SUBCLASS						
GOODROW,	JOHN L	1795	430-111330		***************************************				
1. Change of correspondent CFR 1.363).	ce address or indication	n of "Fee Address" (37		he patent front page,		ı Browdy	and	Neimark,	
Change of correspon Address form PTO/SB/1	ndence address (or Cha 122) attached.	or agents OR, alternatively,  P.L.L.					P.L.L.C.		
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address"	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME ANI	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print o	r type)					
PLEASE NOTE: Unles recordation as set forth i (A) NAME OF ASSIGN	in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NO	data will appear on the Ta substitute for filing (B) RESIDENCE: (C)	g an assignment.			cument	has been filed for	
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KANTO DENKA KOGYO CO., LTD.  TOKYO, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government									
Please check the appropriat	e assignee category or	categories (will not be pi	rinted on the patent):	Lindividual Li	Corporation of	or other private gro	ap entit	y Government	
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Publication Fee (No	emall entity discount r	Payment by credit card, Form PTO-2038 is attached.							
Advance Order - # o		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
5. Change in Entity Status  a. Applicant claims S			☐ b. Applicant is no	longer claiming SMA	ALL ENTIT	Y status. See 37 CF	'R 1.27(	g)(2).	
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Authorized Signature	Alex	// Servi		Date I	)ece	mber	7	7008	
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